Willow School Policy

First Aid Policy

Date: November 2026

Review Date: November 2027

Aims

This policy sets out how Willow School provides first aid that is timely, competent and appropriate for a specialist SEN setting, and how injuries and medical incidents involving pupils, staff and visitors are recorded, reported and learned from. It aims to:

- Ensure the health and safety of all pupils, staff and visitors across all school sites and off-site activities
- Make sure every member of staff knows what to do when someone is injured or becomes unwell, including where a pupil cannot tell us they are hurt
- Provide a clear framework for recording injuries and medical incidents (including seizures), informing parents and carers, and reporting to external bodies where required
- Make sure staff who are injured at work are properly supported, and that every staff injury leads to a review of the risk that caused it
- Use accident, injury and medical incident information to identify patterns and reduce future harm

This policy meets the requirement of Part 3, paragraph 13 of the Education (Independent School Standards) Regulations 2014, that the proprietor ensures first aid is administered in a timely and competent manner through the drawing up and effective implementation of a written first aid policy.

Legislation and Guidance

This policy is based on the following legislation:

- The Health and Safety at Work etc. Act 1974
- The Health and Safety (First-Aid) Regulations 1981
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Social Security (Claims and Payments) Regulations 1979
- The Education (Independent School Standards) Regulations 2014 – paragraph 13 (first aid), paragraph 7 (safeguarding and welfare) and paragraph 24 (suitable accommodation for the medical and therapy needs of pupils, including a space for pupils who are ill)
- The Human Medicines Regulations 2012 (as amended 2014 and 2017)
- The Equality Act 2010
- UK GDPR and the Data Protection Act 2018

It also takes account of the following guidance:

- DfE: First aid in schools, early years and further education (updated February 2022)
- DfE: Health and safety: responsibilities and duties for schools
- DfE: Supporting pupils at school with medical conditions (December 2015). Section 100 of the Children and Families Act 2014 does not apply directly to independent schools, but Willow School follows this guidance as good practice
- DfE: Allergy safety in schools (statutory guidance, July 2026). This is not yet statutory for independent schools; the Government intends to apply equivalent requirements through the Independent School Standards. Willow School has adopted it now as good practice
- DHSC: Using emergency adrenaline auto-injectors in schools (2017) and Guidance on the use of emergency salbutamol inhalers in schools (2015)
- DfE: Automated external defibrillators (AEDs): a guide for schools
- HSE: Incident reporting in schools (accidents, diseases and dangerous occurrences) (EDIS1)
- DfE: Keeping Children Safe in Education

Roles and Responsibilities

The Proprietors

Willow School is proprietor-led and does not have a governing board. The Proprietors have overall responsibility for health and safety, including first aid, and will:

- Make sure suitable first aid arrangements, equipment, accommodation and trained staff are in place on every site
- Make sure employers' liability and public liability insurance covers first aid, the administration of medicines (including emergency rescue medication for seizures) and the use of spare AAIs
- Receive a termly summary of accidents, injuries, seizures and other medical incidents, near misses and RIDDOR reports, and challenge where patterns emerge
- Include risks relating to medical conditions and allergy on the school's risk register

The Headteacher

The Headteacher is responsible for the day-to-day implementation of this policy, including:

- Making sure there are enough qualified first aiders on each site at all times, including during trips
- Making sure first aiders hold a valid qualification and refresh it before it expires
- Making sure all staff are aware of first aid procedures and know how to record an injury or medical incident
- Making sure first aid needs assessments and risk assessments are completed and acted on
- Making sure suitable accommodation is available for pupils who are ill or injured (ISS paragraph 24)
- Making RIDDOR reports to the HSE, or delegating this to a named member of SLT
- Approving staff injury investigations and making sure lessons learned are acted on
- Producing the termly accident, injury and medical incident analysis for Proprietors

Assistant Headteachers

- Completing the first aid needs assessment for each site with the First Aid Co-ordinator
- Completing the initial review of staff injuries (Appendix 3)
- Supporting staff with decision making around injuries and the level of incident
- Sharing key information, including procedures, risk assessments and individual healthcare plans, during the induction process

SENCo

- Making sure Individual Healthcare Plans (IHPs), Allergy Action Plans and seizure care plans are current and accessible to first aiders
- Making sure any accident, injury or medical incident linked to a pupil's medical condition or SEND triggers a review of the IHP, behaviour support plan or risk assessment
- Reviewing every seizure incident record on Tapestry and acting on any change in seizure pattern, frequency or duration (see Seizures and Other Medical Incidents)

First Aid Co-ordinator

- Auditing first aid kits on both sites monthly and after use and keeping a record of each check
- Checking and restocking the Going Out Bag after every use
- Placing the order with the School Office following the audit of first aid kits

School Office

- Making sure emergency contact details are kept up to date on Bromcom
- Reviewing and approving pupil accident records on Tapestry within 24 hours, and seizure incident records on the same day
- Checking the expiry dates of spare AAIs and emergency inhalers on both sites monthly, and replacing them before they expire
- Making sure visitor signing-in arrangements identify any visitor with a known allergy or medical need
- Supporting parents and carers who are not able to access Tapestry to receive accident and incident information
- Keeping the first aider register (Appendix 1) and training log up to date and booking renewals in good time
- Checking termly that the nearest public defibrillator for each site is still in place and that first aid notices are accurate
- Ordering first aid supplies and replacement medication

First Aiders and Appointed Persons

All staff completed first aid training on 7 October 2026 and hold a current certificate, so every member of staff is a first aider. The register is in Appendix 1 and first aid notices are displayed alongside the first aid kits. First aiders are responsible for:

- Acting as first responders: assessing the situation and giving immediate, appropriate treatment
- Deciding whether further help, including emergency services, is needed, and staying with the casualty until it arrives
- Making sure an injury or incident record is completed on the same day (see Recording and Reporting)
- Telling the First Aid Co-ordinator when first aid supplies or medication have been used

New staff who have not yet completed first aid training act as appointed persons until they are trained: they take charge, call for a trained colleague and the emergency services if needed, and do not give treatment they are not trained to give.

All Staff

- Know who the first aiders are and where first aid kits, spare AAIs, emergency inhalers and the nearest public defibrillator are on their site. The First Aid Procedures poster (Appendix 4) is displayed next to every first aid kit
- Know the pupils they work with who have IHPs, allergies, epilepsy or other medical needs
- Give emergency help within their competence, including administering adrenaline in a suspected anaphylaxis (see Allergy Safety Policy) and following a pupil's seizure care plan
- Record any injury they deal with on Tapestry as an Accident (pupils) or in the Staff and Visitor Accident Book (adults), and any seizure or other medical episode on Tapestry as an Incident, on the same day
- Report any injury they sustain at work, however minor, on the same day
- Tell the Headteacher about any health condition that may affect their own first aid needs at work

First Aid Provision

Provision	Arrangements
First Aid Kits	A stocked first aid kit is kept in the staff room (JS), pupil toilet (WB) and kitchen (WHM) with a portable kit for each trip. Kits are checked monthly and after use. No medication is kept in first aid kits.
Spare Adrenaline Auto-Injectors (AAIs)	Jermyn Street and West Banks each hold spare 300 microgram AAIs, always stored in pairs so a second dose is available if needed. They are kept with the first aid kits in a clearly labelled container and cupboard, unlocked, at room temperature and reachable within five minutes of anywhere on site. Spare AAIs stay on site and are not taken out in the Going Out Bag, so neither site is ever left without them. If a pupil is prescribed a different dose, the school will review whether a different spare dose is needed. Full arrangements are set out in the Allergy Safety Policy.
Going Out Bag	Taken on PE sessions and Local Area Visits. Contains a portable first aid kit, gloves and a body fluid kit. Pupils' own prescribed medication, including their two AAIs and any emergency seizure rescue medication where prescribed, travels with them. Signed out and back in and checked and restocked by the First Aid Co-ordinator after every use.
Emergency Seizure Rescue Medication	The school does not hold spare rescue medication. Each pupil prescribed rescue medication (for example buccal midazolam) has their own supply, which is kept with or near them as set out in their IHP and travels with them on and off site. It is given only by staff trained to do so, in line with the Supporting Pupils with Medical Conditions Policy.
Emergency Salbutamol Inhaler	Held with the spare AAIs on each site, with disposable spacers. Used only for pupils who have been prescribed a reliever inhaler and whose parents have given written consent (see Supporting Pupils with Medical Conditions Policy).
Defibrillator (AED)	Neither site currently holds its own defibrillator. The nearest public-access defibrillators are: • Jermyn Street: White Hart Mews, at Ringrose Law – approximately 66 metres • West Banks: Masonic Centre (Old Fire Station) – approximately 72 metres If the cabinet is locked, the 999 call handler gives the access code. Locations are shown on first aid notices, covered at induction and checked termly by the School Office. Provision is reviewed as part of the first aid needs assessment.
Medical and First Aid Room	A space with a washbasin and access to a toilet is available on each site for pupils who are ill or injured, including pupils recovering after a seizure, in line with ISS paragraph 24. It is not used for teaching while a pupil needs it.
Body Fluid Spillage Kits and Sharps	A body fluid spillage kit is kept on each site. A sharps bin is available for used AAIs and other sharps, collected by a licensed clinical waste contractor.

First Aid Procedures

In School

- The nearest member of staff makes the area safe, stays with the injured or unwell person and calls for a first aider.
- The first aider assesses the injury and decides whether further help is needed, including whether to call 999.
- The first aider decides whether the person can be moved. Help and equipment are brought to the casualty — a pupil who is unwell or injured is never sent to the office or first aid room unaccompanied.
- If a pupil has a seizure, staff follow the pupil's IHP and seizure care plan and the seizure procedure on the First Aid Procedures poster (Appendix 4).
- If emergency services are called, the most senior member of staff on site takes charge, makes sure someone meets the ambulance, and contacts parents or carers immediately. A member of staff who knows the pupil accompanies them to hospital with a copy of their IHP and contact details if parents are not yet present.
- If the first aider judges that a pupil is too unwell to stay in school, a member of SLT contacts parents or carers to arrange collection. Pupils who travel by taxi or LA transport are not sent home on transport when unwell or injured without parental agreement.
- The injury or incident is recorded on the same day (see Recording and Reporting).

Off-site and Transport

When taking pupils off site, the trip leader makes sure the group has:

- A charged school mobile phone and the address and postcode of the location
- The Going Out Bag (see First Aid Provision)
- Each pupil's own emergency medication (including two AAIs and seizure rescue medication where prescribed)
- At least one first aider and, for a pupil prescribed seizure rescue medication, a member of staff trained to give it

Risk assessments for educational visits and local area visits include first aid cover and the medical needs of the pupils attending, in line with the Local Area Visits Policy. Spare AAIs stay on site. A pupil who is prescribed AAIs or seizure rescue medication does not leave site without their own medication.

Where a pupil travels by LA transport or taxi, the family shares relevant medical information with the transport provider (with parental consent) so that any emergency medication travels with the pupil.

Recording and Reporting

Pupil injuries and pupil medical incidents are both recorded on Tapestry, but in different places:

What Happened	Record On Tapestry As	Examples
An Injury	Accident (Accident in Setting)	Bumps, grazes, cuts, nosebleeds, falls, injuries from another pupil
A Medical Episode With No Injury	Incident	Seizure, allergic reaction, asthma attack, fainting, diabetic hypo

What Happened	Record On Tapestry As	Examples
A Medical Episode With an Injury	Incident and Accident, each noting the other	A seizure in which the pupil falls and bumps their head

Recording seizures and other medical episodes as Incidents keeps the accident record accurate, supports correct RIDDOR decisions (a seizure caused by a medical condition is not an accident) and allows the SENCo to track patterns in a pupil's condition.

Pupil Injuries – Tapestry Accidents

All pupil injuries and first aid treatment, however minor, are recorded on Tapestry using the Accidents feature. The step-by-step process for staff is set out in Appendix 2. In summary:

- **Record (same day):** the member of staff who dealt with the injury, or the first aider, adds an accident record for the pupil in the Accidents section of Tapestry before the pupil leaves school wherever possible, completing every field listed, including the body map and the first aider(s) involved.
- **Approve (same day, within 24 hours at most):** the School Office checks the record is factual, complete and does not name other pupils, then approves it. Records cannot be seen by parents until they are approved.
- **Share:** once approved, the record is released to parents and carers, who receive a Tapestry notification.
- **Parent confirms:** parents and carers open the record and tick to confirm they have seen it. This acknowledgement is stored with the record and shows the school who has viewed it and when.
- **Follow up:** the School Office checks acknowledgements daily. Where a parent has not confirmed within one school day, the office contacts them by phone or email and notes this on the record.

Seizures and Other Medical Incidents – Tapestry Incidents

Seizures, allergic reactions, asthma attacks and other medical episodes are recorded on Tapestry as an **Incident**, not an Accident. The step-by-step process is set out in Appendix 5. In summary:

- **Record (same day, before the pupil goes home):** the member of staff who supported the pupil completes the Incident record, including the information in Appendix 5. For a seizure, the start and end time must always be recorded, as duration is the most important information for the pupil's medical team.
- **Medication:** any rescue medication, antihistamine, inhaler or adrenaline given is recorded on the Record of Administered Medication (Supporting Pupils with Medical Conditions Policy) as the master record and noted on the Incident record.
- **Approve (same day):** the School Office checks the record is factual, proportionate and does not name other pupils, then approves it so it is released to parents and carers the same day.
- **Parent confirms:** parents and carers acknowledge the record on Tapestry. The School Office follows up any record not acknowledged within one school day, as for accidents.
- **Review:** the SENCo reviews every seizure Incident record within one school day and checks it against the pupil's IHP. A change in frequency, length or type of seizure, or a seizure needing rescue medication, triggers a conversation with parents and carers and a review of the IHP.

How and when parents and carers are told about routine seizures (for example, a phone call every time or a Tapestry record only) is agreed with them and written into the pupil's IHP. The phone call requirements below always apply, whatever the IHP says.

When a Phone Call Is Also Needed

A phone call is always made on the same day, in addition to the Tapestry record, when:

- The pupil has a head, face, eye or dental injury
- The pupil has needed, or may need, medical attention, or 999 has been called
- Adrenaline, an emergency inhaler, seizure rescue medication or other emergency medication has been given
- A seizure lasted longer than the time set out in the pupil's IHP, was the pupil's first seizure, looked different from their usual seizures, or the pupil was injured
- The injury occurred during physical intervention or as a result of another pupil's behaviour
- Staff have any concern about how the pupil is, or the pupil cannot tell their parents what happened

Where parents or carers do not have access to Tapestry, the school provides the same information by phone and email on the same day. If Tapestry is unavailable, the paper Pupil Accident Record (held in each first aid kit) or the Seizure Record (Supporting Pupils with Medical Conditions Policy) is completed and entered onto Tapestry within 24 hours.

Serious Pupil Incidents

Every pupil injury and medical incident is recorded on Tapestry. Where an incident is serious, it is also recorded in the green Pupil Accident Book, which remains the school's record of serious pupil incidents. This is an internal record and is not shared on Tapestry, because it may refer to other pupils, staff and SLT's findings.

Level	Examples	How It Is Recorded
Level 1: Day-to-day	Minor bumps, grazes, small cuts, nosebleeds, minor illness. A seizure managed in line with the pupil's IHP, within their usual pattern, with no rescue medication and no injury	Tapestry only (Accident or Incident). The School Office approve the record and parents tick to confirm they have seen it.

Level	Examples	How It Is Recorded
Level 2: Serious Incidents	• Medical treatment needed (GP, NHS 111, minor injuries, A&E) or 999 called • Head injury with any symptoms, suspected fracture, or injury to the eyes or teeth • Adrenaline, an emergency inhaler, seizure rescue medication or other emergency medication given • A seizure longer than the IHP threshold, a first seizure, or a seizure with injury • Injury during physical intervention, or a significant injury caused by another pupil • Injury where the premises, equipment, supervision or the way an activity was organised may have contributed • Any incident a member of staff or SLT feels should be reviewed	Tapestry record and an entry in the green Pupil Accident Book on the same day. The tear-out page is handed to the School Office for SLT. SLT check and sign the page within 24 hours, recording the RIDDOR decision, who has been notified and any actions.
Level 3: RIDDOR Reportable	A pupil is taken directly from the scene to hospital for treatment and the accident was caused or contributed to by the way the school organised an activity, supervision, equipment or the condition of the premises (see Reporting to the HSE). Hospital treatment alone does not make an incident Level 3 – accidents and medical episodes arising solely from a pupil's own behaviour or medical condition, including seizures, are usually Level 2.	As Level 2, plus the Headteacher reports to the HSE without delay and records the HSE reference on the Pupil Accident Book page.

Signed Pupil Accident Book pages are filed securely in the School Office, separately from Tapestry, and are included in the termly analysis. The Tapestry record notes that a Pupil Accident Book entry has been made (with the date), so the two can be linked. When SLT sign a page, they record whether the incident is RIDDOR reportable and why, and any actions or changes to the pupil's IHP or risk assessment. Where needed, staff may be asked to write an account of events, which is stored alongside the page.

Staff and Visitor Injuries

Injuries to staff, volunteers, contractors and visitors are recorded in the paper Staff and Visitor Accident Book (stored with the first aid kits) and followed up using the Staff Injury Review, Investigation and RIDDOR Record (Appendix 3), as set out in the Staff Injury Protocol below. Completed forms are handed to SLT on the same day and stored in a locked file, separately from pupil records, with access restricted to SLT.

Near Misses

A near miss is an event that did not cause injury but could have done — for example, a pupil being given food containing a known allergen, a dose of medication nearly given to the wrong pupil, an AAI or rescue medication found to be out of date or missing, or a fall from height avoided.

- All near misses are recorded in the Near Miss Log on the same day and handed to SLT. They are not recorded on Tapestry or in the green Pupil Accident Book, as no injury has occurred
- SLT review each entry, decide on any action and consider whether it is a RIDDOR dangerous occurrence (see Reporting to the HSE)
- Where a near miss involves a pupil's allergy, medication or medical condition, parents are phoned on the same day and the pupil's IHP is reviewed
- Near misses are included in the termly analysis, because they show where the risk is before someone is hurt

Retention

Accident and incident records are kept for a minimum of three years from the date of the last entry. Pupil accident and medical incident records are kept for longer in line with the school's retention schedule, which follows the IRMS Toolkit for Schools recommendation that pupil accident records are retained until the pupil's 25th birthday. Tapestry records, including Incident records, are exported before any pupil's account is deleted.

Staff Injury Protocol

Staff injuries in a specialist SEN setting are a real and recurring risk, particularly where they arise from dysregulation or physical intervention. Being injured is never treated as "part of the job". Every staff injury is recorded, reviewed and used to reduce risk for the member of staff, the pupil and colleagues.

Stage and Timescale	Action	Responsibility
1. Immediate Response	Give first aid. Call 999 if needed. Make sure the member of staff is relieved from duty and supported — they should not return to a class immediately after an injury unless they want to and are fit to do so.	First aider and most senior member of staff on site
2. Report: Same Day	The injured person (or a colleague on their behalf) completes the Staff and Visitor Accident Form and informs their line manager. Where the injury involved a pupil, a pupil incident record is also completed without naming other pupils on the staff record.	Injured member of staff Line manager
3. Initial Review	A member of SLT reviews the report, checks the person's wellbeing, decides whether immediate changes are needed (for example to staffing or a pupil's risk assessment) and completes the Staff Injury Review (Appendix 3).	SLT

Stage and Timescale	Action	Responsibility
4. Investigation: Within 5 School Days	An investigation is completed where the injury needed medical treatment, led to time off or restricted duties, arose from pupil behaviour or physical intervention, is a repeat injury, or is RIDDOR reportable. It records what happened, why, and what will change.	Headteacher or delegated member of SLT
5. RIDDOR and Insurance	Reportable incidents are reported to the HSE within the timescales below. The employers' liability insurer is notified of any injury that may lead to a claim, in line with the policy terms.	Headteacher
6. Support and Return to Work	A wellbeing check-in is offered within 48 hours. Absence is managed under the Staff Attendance and Absence Policy, with a return-to-work meeting and any adjustments or phased return agreed. Absences of more than 7 days after a work injury are tracked for RIDDOR. Access to occupational health and any employee assistance support is signposted.	Line manager or Headteacher
7. Review the Risk	The relevant risk assessment, pupil risk assessment, individual healthcare plan or physical intervention plan is reviewed and updated and changes are shared with the staff team.	Assistant Headteacher or Headteacher (dependent on task)
8. Monitor: Termly	Staff injuries are analysed termly by type, location, time, pupil and activity. Findings are reported to the Proprietors and inform training, staffing and the first aid needs assessment.	Headteacher

A staff injury that suggests a member of staff has harmed a pupil, or that a pupil may be at risk of harm, is referred to the Headteacher and managed under the Child Protection and Safeguarding Policy, including referral to the LADO where the harm threshold is met.

Reporting to the HSE (RIDDOR)

The Headteacher, or a delegated member of SLT, reports the following to the HSE online at www.hse.gov.uk/riddor. Fatal and specified injuries are reported without delay; other reports are made within 10 days unless stated.

Who	What Must Be Reported
Staff	• Death • Specified injuries: fractures (other than to fingers, thumbs and toes); amputations; injuries likely to cause permanent loss or reduction of sight; crush injuries to the head or torso damaging the brain or internal organs; serious burns (more than 10% of the body, or damaging the eyes, respiratory system or vital organs); scalping needing hospital treatment; loss of consciousness from head injury or asphyxia; injuries in an enclosed space causing hypothermia or heat-induced illness, or needing resuscitation or more than 24 hours in hospital • Over-7-day injuries: where a worker is away from work or unable to do their normal duties for more than 7 consecutive days (not counting the day of the accident), reported within 15 days • Physical violence at work that results in any of the above • Diagnosed occupational diseases (for example occupational dermatitis or asthma, carpal tunnel syndrome, tendonitis of the hand or forearm)
Pupils and Visitors	• Death, or an injury where the person is taken directly from the scene to hospital for treatment, where the accident arose out of or in connection with a work activity — for example a failure in supervision or the way an activity was organised, the condition of the premises or the way equipment was used • Accidents caused by a pupil's own behaviour or medical condition (including seizures), or ordinary playground accidents, are not usually reportable unless the premises, equipment or supervision were a factor
Dangerous Occurrences	Specified near misses, such as the collapse of lifting equipment, the accidental release of a biological agent or hazardous substance, or an electrical short circuit causing fire or explosion

A record of every RIDDOR report, and of each decision not to report a borderline incident, is kept with the investigation (Appendix 3) or on the Pupil Accident Book page.

Informing Other Agencies

- Placing local authorities: the school informs the pupil's placing local authority of any serious injury, hospital admission or use of emergency medication (including seizure rescue medication), in line with the placement contract
- Safeguarding: any injury that raises a safeguarding concern is referred to the DSL, who decides on referral to children's social care, the Lincolnshire Safeguarding Children Partnership procedures or the LADO
- Death of a pupil: the Headteacher informs the placing local authority, the DSL and the Proprietors immediately and cooperates with child death review processes
- Food allergen incidents: where food provided by the school may have contained an undeclared allergen, the Headteacher considers whether the local authority environmental health team must be notified

Training

- The School Office books first aid training renewal before expiry. Where a certificate lapses, the person is removed from the first aider register until they requalify
- New staff complete first aid training as soon as possible after starting and are treated as appointed persons until they do
- All staff are shown the location of first aid kits, spare AAIs, the Going Out Bag and the nearest public defibrillator for their site at induction
- All staff, including supply staff and regular volunteers, receive allergy awareness and anaphylaxis training, including practice with trainer AAIs, in line with the Allergy Safety Policy
- All staff receive epilepsy and seizure awareness training, and staff supporting a pupil prescribed rescue medication are trained by a healthcare professional, in line with the Supporting Pupils with Medical Conditions Policy
- Staff supporting pupils with specific conditions receive condition-specific training as set out in the pupil's IHP
- The school considers mental health first aid training as part of the first aid needs assessment
- All staff are trained in how to record pupil injuries (Accidents) and medical episodes (Incidents) on Tapestry, and staff injuries

A training log is kept on the Admin Drive.

Monitoring Arrangements

Accident, injury and medical incident data is analysed termly by the Headteacher and reported to the Proprietors. This policy is reviewed annually by the Headteacher and approved by the Proprietors. It will also be reviewed after any serious incident, when a new site opens and when the DfE publishes revised guidance on supporting pupils with medical conditions.

Links with Other Policies

- Supporting Pupils with Medical Conditions Policy
- Allergy Safety Policy
- Health and Safety Policy
- Reporting of Incidents, Accidents and Dangerous Occurrences Policy
- Physical Intervention Policy
- Behaviour Policy
- Child Protection and Safeguarding Policy
- Intimate Care Policy
- Local Area Visits Policy
- Staff Attendance and Absence Policy
- Data Protection Policy

Appendix 1: First Aider Register

All staff completed first aid training on 7 October 2026. Certificates are valid for three years and are due for renewal by October 2029. New staff are added once trained.

Name	Date Trained	Renewal Due	Additional
Mrs Miller	07.10.2026	07.10.2029	
Miss Hemming	07.10.2026	07.10.2029	
Miss McNeil	07.10.2026	07.10.2029	
Mrs Sara-Jayne Coleman	07.10.2026	07.10.2029	First Aid Co-ordinator Paediatric First Aid
Miss Clarke	07.10.2026	07.10.2029	
Mrs Farley	07.10.2026	07.10.2029	Paediatric First Aid
Mrs Raynor	07.10.2026	07.10.2029	Paediatric First Aid
Mrs Brown	07.10.2026	07.10.2029	
Mr Sheen	07.10.2026	07.10.2029	
Miss Rogers	07.10.2026	07.10.2029	
Mrs George	07.10.2026	07.10.2029	
Mr Quanbrough	07.10.2026	07.10.2029	
Miss Walker	07.10.2026	07.10.2029	
Miss Boulton	07.10.2026	07.10.2029	
Miss Baker	07.10.2026	07.10.2029	
Miss Cockroft	07.10.2026	07.10.2029	
Miss Hinch	07.10.2026	07.10.2029	
Mr Thomas	07.10.2026	07.10.2029	
Mrs Pearson	07.10.2026	07.10.2029	
Mrs Smith	07.10.2026	07.10.2029	
Miss McCullough	07.10.2026	07.10.2029	
Miss Rox	07.10.2026	07.10.2029	

Appendix 2: Recording a Pupil Injury on Tapestry

Step	What To Do	Who
1. Give First Aid	Treat the injury and make sure the pupil is safe and settled. Make any required phone call (see below) as soon as possible.	Member of Staff / First Aider
2. Open Tapestry	Log in to Tapestry and go to the Accidents section. Select the pupil > Add a new accident record > Select Accident in Setting.	Member of Staff / First Aider
3. Complete the Record	Fill in every field in the table below. Save the record before the pupil goes home wherever possible and always on the same day. If the incident is Level 2 or 3, also complete the green Pupil Accident Book and hand the tear-out page to the School Office for SLT.	Member of Staff / First Aider
4. Approve	Check the record is factual and complete and does not name any other pupil, edit if needed, then approve it. Decide whether the incident is Level 2 or 3 and, if so, check the green Pupil Accident Book has been completed and note this on the record. Once approved, the record is released to parents and carers.	The School Office
5. Parent Confirms	Parents and carers receive a notification, open the record and tick to confirm they have seen it. Tapestry stores who confirmed and when.	Parent / Carer
6. Check and Follow Up	Check daily for records that have not been confirmed. After one school day, contact the parent by phone or email and note this on the record.	The School Office

Always phone parents as well on the same day for head, face, eye or dental injuries, anything needing medical attention or 999, use of adrenaline, an emergency inhaler or emergency medication, injuries during physical intervention or caused by another pupil's behaviour, or where staff have any concern or the pupil cannot explain what happened. Record the call on the Tapestry record.

If the injury happened during a seizure, also complete a Tapestry Incident record for the seizure (Appendix 5) and note on each record that the other exists.

<u>What to Include</u>

Field	What To Include
Date, Time and Location	Exact time and place, including if off site
What Happened	A short, factual account of what led to the injury. Do not name other pupils — refer to "another pupil"
Injury	What the injury is and where on the body, marked on the body map using an X

Field	What To Include
Treatment Given	Exactly what first aid was given, for example cold compress for 10 minutes, wound cleaned with water and dressing applied
First Aider/s	Select every member of staff who gave treatment
Additional Information	• Head injury advice given; link to physical intervention record; whether emergency medication was used; any follow-up needed • Was a phone call made? Who called, who was spoken to and when • How was the pupil afterwards? Whether the pupil returned to learning, any monitoring carried out, and any later changes

If Tapestry is unavailable, complete the paper Pupil Accident Record (held in each first aid kit) using the same fields, and enter it on Tapestry within 24 hours.

Appendix 3: Staff Injury Review, Investigation and RIDDOR Record

Section	Response
Accident Report Reference and Date	
Initial Review Completed By and Date (Within 24 Hours)	
Wellbeing Check-In Offered (Date)	
Immediate Actions Taken	
RIDDOR Screening: Specified Injury? Over-7-Day Absence or Restricted Duties? Occupational Disease? Dangerous Occurrence?	Yes / No for each Decision: reportable / not reportable Reason:
RIDDOR Reference and Date Reported	
Insurer Notified? (Yes / No, Date)	
Investigation Findings: What Happened and Why	
Actions to Reduce the Risk (With Named Owner and Date)	
Plans or Risk Assessments Updated	
Date Returned to Normal Duties / Return-to-Work Meeting	
Signed Off by Headteacher and Date	

Appendix 4: First Aid Procedures Poster

Emergency	What To Do
Anaphylaxis	Give adrenaline first — the pupil's own pen, or the spare pair kept with the first aid kit. Then call 999 and say "anaphylaxis". Lie them flat with legs raised. Second dose after 5 minutes if no better. Do not wait for 999 to tell you to give adrenaline.
Seizure	Note the time it starts. Stay with the pupil and send for help. Move hard or sharp objects away and cushion their head. Do not hold them down or put anything in their mouth. Follow their seizure care plan. Give rescue medication only if you are trained and the plan says so. Call 999 if the seizure lasts longer than 5 minutes (or the time in their plan), it is their first seizure, another seizure follows without recovery, they are injured, or breathing does not return to normal. When it stops, put them in the recovery position and stay with them until fully recovered. Note the end time.
Collapse / Not Breathing	Call 999 on speaker and start CPR. Send an adult for the defibrillator — 999 will give the cabinet code. Jermyn Street: White Hart Mews, Ringrose Law (66 m) West Banks: Masonic Centre, Old Fire Station (72 m)
Head Injury	Watch them for at least 30 minutes. Always phone parents. Call 999 if they lose consciousness, vomit, become drowsy, confused or have a seizure.

Who Was Hurt or Unwell?	Record It On	Then
Pupil: Day-to-Day (Level 1)	Tapestry: Accidents, same day	The School Office approve. Parents tick to confirm they have seen it.
Pupil: Seizure or Medical Episode	Tapestry: Incident, same day. Include start and end times. Any medication on the Record of Administered Medication. If injured, an Accident record too.	The School Office approve the same day. SENCo reviews. Phone parents if rescue medication, 999, longer than usual, first seizure or injury.
Pupil: Serious (Level 2)	Tapestry and the green Pupil Accident Book. Phone call made to parents and details recorded on Tapestry.	Tear-out page to the office the same day. SLT sign and check RIDDOR within 24 hours.
Pupil: Serious and Reportable (Level 3)	Tapestry and the green Pupil Accident Book. Phone call made to parents and details recorded on Tapestry.	Tear-out page to the office the same day. SLT sign and report under RIDDOR.
Staff, Volunteer or Visitor	Staff and Visitor Accident Book	Hand to SLT the same day. SLT review within 24 hours.

Who Was Hurt or Unwell?	Record It On	Then
Near Miss – No One Hurt	Near Miss Log	To SLT the same day. Phone parents if allergy or medication.

Categorising Serious (Level 2)
• Needed medical treatment or 999, or a head, eye or dental injury, or suspected fracture • Adrenaline, an inhaler, seizure rescue medication or emergency medication given • A seizure longer than usual, a first seizure or a seizure with injury • Hurt during physical intervention or by another pupil • Premises, equipment or supervision may have contributed • Anything you are worried about If unsure, please always ask a member of SLT

If Tapestry is unavailable, complete the paper Pupil Accident Record (small cheque book style book) or the Seizure Record using the same fields and enter it on Tapestry within 24 hours.

Appendix 5: Recording a Seizure or Medical Episode on Tapestry

Step	What To Do	Who
1. Support the Pupil	Follow the pupil's IHP and seizure care plan. Note the start and end time. Give any rescue medication only if trained and the plan says so, and record it on the Record of Administered Medication with a second member of staff as witness.	Member of Staff / Trained Staff
2. Phone Parents if Needed	Phone parents and carers on the same day if rescue medication or other emergency medication was given, 999 was called, the seizure was longer than the IHP threshold, it was a first or different seizure, the pupil was injured, or the IHP says to.	Member of SLT or Member of Staff
3. Open Tapestry	Log in to Tapestry and go to the Accidents section. Select the pupil > Add a new record > Select **Incident** (not Accident in Setting).	Member of Staff
4. Complete the Record	Fill in every field in the table below before the pupil goes home. If the pupil was injured, also complete an Accident record (Appendix 2) and note on each record that the other exists. If the incident is Level 2, complete the green Pupil Accident Book.	Member of Staff
5. Approve	Check the record is factual, proportionate and does not name any other pupil, then approve it on the same day so it is released to parents and carers.	The School Office
6. Review	Read the record within one school day. Compare it with the pupil's IHP and previous records. Contact parents and carers and review the IHP if the pattern has changed or rescue medication was needed.	SENCo
7. Parent Confirms and Follow Up	Parents and carers acknowledge the record. Follow up any record not acknowledged within one school day.	Parent / Carer and The School Office

<u>What to Include for a Seizure</u>

Field	What To Include
Date, Time and Location	Where the pupil was and what they were doing, including if off site or on transport
Start and End Time	The time the seizure started and stopped, and how long it lasted. If more than one seizure, record each one
Before	Anything staff noticed beforehand, for example a change in behaviour, mood, a warning sign the pupil gave, tiredness, or a possible trigger such as illness, missed sleep or heat

Field	What To Include
During	What staff saw, in plain words: for example stiffening, jerking (which parts of the body), staring, unresponsive, colour change, breathing, incontinence. Describe, do not diagnose
Rescue Medication	Given: Yes / No. Name, dose, time given, given by and witnessed by. Second dose if given. Recorded on the Record of Administered Medication
999	Called: Yes / No, time called and outcome
After	How long the pupil took to recover, whether they slept, how they were, any personal care provided (in line with the Intimate Care Policy) and whether they returned to learning
Injury	Yes / No. If yes, an Accident record has also been completed
Staff	Staff present, who supported the pupil and who completed the record
Parents and Carers Informed	How (Tapestry only, or a phone call as well), who was spoken to and when

Do not name other pupils who were present. Write factually and respectfully, remembering that parents and carers, and the pupil in future, may read the record.